



EMS Currents

"To provide professional and compassionate protection, education and service to our community"

EMS Updates

EMS Questions

Initial contact should be made through the following staff in the EMS Division:

Ron Wolfley 566-4354	Ride Alongs Field Internship EMT-1 Skills
Jeff Routsong 566-4353	Equipment
Amy Robertson 566-4294	PCR Processing
Marcy Mateo 566-4358	EMS Surveys Ride-Along Tags
Laurie Henry 566-4295	CE's & CPR card Recertification
Scott Clough 566-4352	911 Abuse Paramedic Skills
Duane Arend 566-4350	Exposures
Ric Maloney 566-4351	Protocols

April Articles:

- EMS Updates
- CQI Corner
- Combitube Tube

Here are the latest EMS changes.

In April the EMS Division plans to introduce several new products into the system.

King tubes, saline locks, morphine in glass ampules, intranasal medications administration, New IV catheters, changes in stock levels.

The King Tube is a supraglottic device that will replace the Combitube. It is anticipated that this advanced airway device will be used more often than an ETT for patients in cardiac arrest since it will decrease the amount of time compressions are stopped during an attempt at an advanced airway. Compressions and defibrillation are top priority in patients with cardiac arrest, according to AHA guidelines. ([Click here to view LT-D King Tube manufacturer instructions, ignore the LTS-D instructions](#)).

Delivery of Narcan or Versed using the Mucosal Atomizing Device (MAD) will allow paramedics the option of quick, easy, and safe administration of medication in an emergency setting. To deliver the medication, you administer half of the dose (*no more than 0.5 to 1cc*) per nares.

The CLAVE saline lock will be available for use in all patients who do not need immediate administration of fluids. This short IV tubing has a female luer adapter on it that will only allow administration of medications via luer lock syringes, as it will not accept needles. Remember that you PRIME the CLAVE before use, SWAB the CLAVE with alcohol before use, FLUSH the CLAVE after each use.

Morphine carpulets previously used in the district have been replaced with 1cc/10mg morphine glass ampules. This exchange also included adding the new 18 gauge filter needles. Only use the filter needles to draw up the medication, do not use the filter needles to inject medication IV or IM. And remember, all used ampules must be returned when restocking morphine, as stated in the new District Security of Controlled Substances Policy.

New IV tubing (15 gtt/cc) will be replacing the Select-3 tubing. This new tubing will allow medications to be administered via female luer adapter (just like the CLAVE saline lock) and it will still allow medications to be administered with a needle as it will also have a regular port that accepts needles.

CQI Corner

"We are what we repeatedly do. Excellence is not an act, but a habit."

End Tidal CO2 - Capnography

It is District standard to place a LP-12 capnography device on all patients who receive an advanced airway once it is available. All of the unrecognized non-tracheal intubations at Metro Fire in the last 5 years did not use the LP-12 capnography device that is located on the ambulances and some of the engines.

"Billing information is only important if you want to get paid"

Recent Trends noted by the Peer Review Committee:

- Documentation of CPAP usage will include the flow of oxygen administered along with the patient response: "CPAP @20 lpm - decrease in resp rate". Or you can document "CPAP @7.5cm H2O - decrease in resp rate". This needs to be placed in the treatment area of the PCR.
- According to District Policy 903.03: PCRs shall be completed in neat **Block Printing**... with enough pressure to transfer all information clearly through all copies. The EMS Division has returned PCRs to be rewritten. And as a reminder, on page 5 of this policy, it states that all patients transported must have 2 sets of vital signs.
- The first blood pressure that is obtained on a patient needs to be obtained manually.

Combitube Comments from Dr. Mackey

There have been recent reports (*not from Metro*) of combitube failure in which the tube folded back on itself in the oropharynx of the patient. This failure went unrecognized resulting in failed oxygenation and ventilation of the patient. Interestingly, documentation indicated good color change of the EZ-Cap. (*which is why Metro always uses LP-12 Capnography*) Please exercise extreme caution when inserting a Combitube. Carefully assess placement utilizing auscultation of the chest and a confirmatory device as well. (*Continuous end-tidal CO2 monitoring is absolutely essential in any patient that has an advanced airway*). In addition, do not overlook the value of a BLS airway.

Most patients can be adequately oxygenated AND ventilated with a well executed BLS airway (OPA or NPA, jaw lift, BVM). A BLS airway is always preferable to a failed advanced airway! I welcome your feedback and questions as well. (drmackey@comcast.net)! *You can use a laryngoscope blade as an adjunct to move the airway structures and ease the insertion of the tube per the manufacturer... which is advised by Dr. Mackey... If you have questions, please contact the EMS Division.*

STAFF HURRAHS!

Inside every ambulance bill that is sent to patients transported by Metro Fire is a survey. This survey includes six questions that rate our service as Excellent, Above Average, Average, Below Average, or Needs Improvement. Last year 99% of all survey comments about Metro Fire service indicated that there was no need for improvement and 90% of the comments indicated that the service delivered was excellent or above average. Please click on the hyperlinks below to see copies of the surveys that were mailed in for each of these six calls.

A Shift

[M110- Erik Rubalacava, Scott Perryman](#)

[M61- Russell Gardner, Jason Harris](#)

[E102- Mike McGoldrick, Pat Cook, Jeff Karges](#)

[Tr65- Bruce Thomas, Mark DeZordo, Ken Medeiros, Matt Reyman](#)

B Shift

[M31- Richard Rubiales, Ehron Phillips](#)

[M50- Scott Schneider, James Pritchard, Tyler Smith](#)

[M50- Scott Schneider, James Pritchard, Tyler Smith](#)

[Tr50- Ray Hudnall, Joe Pick, Daniel Faulkner, Curtis Cozad](#)

C Shift

[M41- Jonathan Davis, Jeremy Crawford](#)

[E41- Aaron Webster, Charles Nicholas, Shawn Burke](#)

[M53- William Vanderwerker, Fred Wudell](#)

[E53- David Durham, Ross Carollo, Sean Jukich, Grant Smith](#)